

**PTE Leadership Institute
University of Idaho
TRAVEL REIMBURSEMENT**

Provide the information requested below for reimbursement of travel expenses.

Date of Travel

Purpose of Travel

Location of Travel

Name

Vnumber if known if not leave blank

Complete Mailing Address Including ZIP Code

Departure From Office:

Hour

Date

Arrival at Office:

Hour

Date

FOOD (Check Spaces)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Breakfast	_____	_____	_____	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	_____	_____	_____	_____
Amount	_____	_____	_____	_____	_____	_____	_____	\$ _____

(Meal allowance at current state formula based on hour of departure and return)

LODGING \$_____ (Attach Receipt Marked "Paid" or Showing Zero Balance)

MILEAGE

Miles

From

To

Miles

From

To

Total Miles

\$_____

Total Miles x \$.455

I certify that the Per Diem listed above is necessary and directly related to the conduct of university business and therefore is not considered taxable income.

AIRFARE \$_____ (Attach Receipt) **OTHER** \$_____ (Attach Receipt)

Claimant's Signature _____ **Project Director's Signature** _____

TOTAL APPROVED PAYMENT: \$_____

SUBMIT COMPLETED FORM TO: Kathy Williams, Technical Records Specialist, University of Idaho, P.O. Box 444021, Moscow, ID 83844-4021, email: kathy@uidaho.edu, phone: 208-885-6935, fax: 208-885-4456